



Deborah A. Clayman
Licensing Director

City of Chelsea
DEPARTMENT OF LICENSING,
PERMITTING AND CONSUMER AFFAIRS
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Chelsea, Massachusetts 02150

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APPLICATION FOR AUCTIONEER PERMIT

Name: _____

Home Address: _____

D/Birth: _____ Social Security No: _____

Telephone Number: _____

State License No: _____

State License Expiration Date: _____

Date(s) of Auction: _____

Location of auction: _____

Hours auction will be conducted: _____

Description of goods to be auctioned: _____

Estimated value of goods: _____

(Applicant's Signature)

(Date)

(Federal Tax ID Number)

Return application and copy of your State Auctioneer License to Deborah A. Clayman, Licensing Director, 500 Broadway, Room 200, Chelsea, MA 02150, along with \$25 application fee (non-refundable), payable to the City of Chelsea by check or money order only. Upon approval of application, you will be required to pay a license fee in the amount of \$75, payable by check or money order only.

AFFIDAVIT OF TAX COMPLIANCE

Pursuant to M.G.L. c. 62C, s. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all Massachusetts tax returns and paid all Massachusetts taxes required under law, as well as paid all contributions and payments in lieu of contributions pursuant to M.G.L., c. 151A, s. 19A(b).

I further certify that I have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors and withholding and remitting child support.

Signature

Social Security or Federal ID No.

Date